

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) _____

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		CLAIMS					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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